

FEC FORM 1

STATEMENT OF ORGANIZATION

REPOSEVED TER

2016 APR 13 AM II: 08

FORM 1		2010 AT N 13 ATT 15		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	Office Use On	ly
	_	ever the lines.		
NCF-Dakota 201	o Committee		<u> </u>	
	· _ }	<u> </u>	1_1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	228 S. Washington Street			· · · · · · · · · · · · · · · · · · ·
(Check if address	Suite 115		!	
is changed)	, Alexandria		VA , ,22314	
	CITY ▲	- 		L P CODE ▲
COMMITTEE'S E-MAIL ADDRE	iee			
(Check if address	,kdavis@hdafec.com			
is changed)				
	Optional Second E-Mail Ad			ţ
		<u> </u>	<u> </u>	
is changed)				
2. DATE 04 1	2016			
3. FEC IDENTIFICATION N	IUMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete	e.
Type or Print Name of Treasure	er Keith A. Davis	.		
Signature of Treasurer	fill 1.	La.	Date 04 12	2016
NOTE: Submission of false, error		n may subject the person signing		of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530	sion FEC F	FORM 1 d 06/2012)

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		DMMITTEE	
Candi	date	Committee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name of Candida			
Candida Party A		n Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candida			
Party	Com	mittee:	
(d)			Democratic, lepublican, etc.) Pa
Politic	al Ac	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization
		Corporation Corporation w/o Capital Stock	Labor Organizatio
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or p
In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	\boxtimes	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	NEXT CENTURY FUND FEC ID number C C003	43947
	2.	DAKOTA PAC FEC ID number C C004	93072
	3.	FEC ID number	

		· .			
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Write or Type Committee Nar	ne				
NCF-Dakota 2	016 Committee	·			
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	ntive, or Leadership PAC Sponsor			
NONE					
 		<u> </u>			
Mailing Address					
	CITY STAT	TE ZIP CODE			
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor			
	•				
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of t	the person in possession of committee			
Keith A.	Davis				
Full Name	,228 S. Washington Street				
Mailing Address	Suite 115				
	Alexandria VA	22314			
Title or Position	CITY STATE	E ZIP CODE			
Treasurer	Telephone number	703 - 549 - 7705			
B. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the comm , assistant treasurer).	nittee; and the name and address of			
Full Name Keith A. of Treasurer	Davis	_L_L_L_L_L_L_L_L_L_L_L_L_L_L_L_L_L_L_L			
Mailing Address	1228 S. Washington Street	<u></u>			
	Suite 115	1 1 1 1 1 1 1 1 1 1 1			
	Alexandria	\			
	CITY STATE	E ZIP CODE			
Title or Position	· · · · · · · · · · · · · · · · · · ·	1 703 1 549 1 7705			
<u> </u>	Telephone number	<u></u>			

CITY

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ZIP CODE

STATE

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PREPARER (3/2015)	DATE PREPARED			